MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Minnesota

	Section A. V	erification P	rocedure	s for Factors of Eligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electron ic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonabl e Explanatio n from the Individual (Y/N)	Paper Documentati on Required from the Individual (Y/N)	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard. Percent Threshold	10 percentage points	YES	YES	Minnesota accepts income provided by or on behalf of an individual with one exception: If income is reported by an electronic data source but not reported by or for an individual, the income reports are considered not reasonably compatible. A reasonable explanation for income not provided by or on behalf of the individual will be accepted. In the absence of a reasonable explanation, the application and household income determination will be pended until the inconsistency can be resolved, a process that may include paper documentation. Individual income sources are combined into household income. Total income obtained through electronic data matches is converted to a percentage of FPL; total income provided by self-attestation is converted to a percentage of FPL; and the following determines reasonable compatibility: (i) When the FPL for household income from electronic sources and household income provided by self-attestation are both above, at or below the applicable income standard they are considered reasonably compatible. Self-attested income is used to determine eligibility. (ii) If the FPL for self-attested household income is above the income standard, but the FPL for household income from electronic data sources is below the applicable standard, they are considered reasonably compatible. Household income provided by self-attestation is used to determine eligibility. (iii) If the FPL for self-attested household income is at or below the income standard, but the FPL for household income from electronic data sources is above the income eligibility level, and the two FPL values are no more than 10 points apart, they will be considered reasonably compatible. Household income provided by self-attestation will be used to determine eligibility. If the difference between the two FPLs values is greater than 10 points, the State will ask for paper documentation of all unverified sources of income.
Residency	YES	NO	NO	N/A	N/A	NO	NO	
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	NO	MN does not accept paper documentation of SSN. If we are unable to verify SSN electronically, we will assist the individual in resolving discrepancies with the Social Security Administration (SSA). Once the inconsistency has been resolved, we will initiate an attempt to re-verify the SSN through the Federal Data Hub (SSA). We will allow eligibility to continue, if otherwise eligible, as long as the individual is cooperating with SSA to resolve the discrepancy. We require documentation from an individual claiming SSN exception (religious objection, not eligible to receive SSN, or only eligible to receive SSN for valid non-work reason only).

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	(Y/N)	Verificatio n (Y/N)	Used (Y/N)	Standard Used	Reasonable Compatibility Standard for Income	Explanatio n from the Individual (Y/N)	Documentati on Required from the Individual (Y/N)	Comments
•	NO	NO	YES	N/A	N/A	N/A	YES	
	NO	NO	YES	N/A	N/A	N/A	YES	
	YES	NO	NO	N/A	N/A	NO	NO	
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
	YES	NO	NO	N/A	N/A	NO	NO	
	NO	NO	YES	N/A	N/A	NO		MN does not accept paper documentation of Medicare enrollment. If we are unable to verify Medicare enrollment electronically through the Federal Data Hub (SSA), we will assist the individual in resolving discrepancies with the SSA. Once the discrepancy has been resolved, we will initiate an attempt to re-verify the Medicare enrollment through the Federal Data Hub (SSA). If unable to resolve the discrepancy, we will allow eligibility to continue, if otherwise eligible, as long as the individual is cooperating with SSA to resolve the discrepancy.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								
 	+							

^{*} States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment.

If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State:

Minnesota

Section B1. Use of Electronic Data Sources

Financial:

Financiai:												
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Applicati on	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		IRS data through the HUB will be used at renewal to the extent the individual has provided consent on the application.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		In addition to SSA data recieved through the Hub, we have requested permission from SSA to connect to the SOLQ-I service in order to verify receipt of SSI, disability status/determination date, etc. This information is necessary to ensure SSI recipients are not enrolled in the new group VIII for adults and to screen applicants for non-MAGI Medicaid eligibility.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Used at		Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
5. State Administered Supplementary Payment Program	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		Data not used because not available electronically. May consider in future.
6. State General Assistance Programs	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		Data not used because not available electronically. May consider in future.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		Data not used because not available electronically. May consider in future.
8. Temporary Assistance for Needy Families (TANF)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		Data not used because not available electronically. May consider in future.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source for spousal maintenance income
10. State Income Tax	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		Data not used because not available electronically. May consider in future.
11. Commercial database: (Pease describe any commercial databases in the space below)												
TALX/The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		This data source will be accessed only through the Hub on 1/1/2014.
12. Other: (Please describe any additional electronic data sources in the space below)												
1. The state marked any criterion V	ES if they were	e consid	ered in d	etermini	ing the I	ısefulne	ss of the	electronic	data sou	irce: howev	ver the determi	nation of whether the data source was useful/not useful did not rest solely on these criteria.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP

State:

Minnesota

Section B2. Use of Electronic Data Sources

Non-Financial:

Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	YES	NO		We will not independently verify age/DOB but understand that it will be verified as part of the SSN validation process. SSA verification will only occur at renewal when a change in citizenship or Medicare is reported or known.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		DHS/SAVE verification will only occur at renewal when a change in immigration status is reported or known.
3. Vital Statistics	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Due to technology limitations, State does not have the capability for electronic data matching with Vital Statistics as a backup for citizenship documentation.
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: (Please describe any commercial databases in the space below)																	
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	See Section D, question #2.
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If used for other purposes, please indicate in Section D.

MAGI-BASED ELIGIBILITY VERIFI	CATION PLAN					
Insert Medicaid, CHIP, or Both)		Medicaid & CH	IP			
State:		Minnesota				
	Section C . Add	ditional Factors o	of Eligibility for	Separate CHIP		
	Self-	Self-	Electronic	Paper		
	Attestation	Attestation	Data Source	Documentatio	Non-	
Eligibility Factor	Accepted	Accepted with	Used (Y/N)	n Required		Comments
Eligibility Factor	without	Post-	If Yes, please	from the	Applicabl	Comments
	Additional	Enrollment	describe in	Individual	e (N/A)	
	Verification	Verification	comments	(Y/N)		
L. Applicant does not have					NAat ba	Medicaid Expansion also accepts self-attestation without additional verification.
other coverage	YES	NO	NO	NO	Must be	
					Applied	
2. Applicant does not have					N/A	
access to affordable ESI					IV/A	
3. When child has had						
coverage (as applicable to					N/A	
states' waiting period)						
1. Access to public employee					N/A	
coverage					14/71	
Sa. Waiting period exception					N/A	No waiting period
‡1 (describe):					14//	
5b. Waiting period exception					N/A	No waiting period
‡2 (describe):					14/71	
Sc. Waiting period exception					N/A	No waiting period
‡3 (describe):					14/71	
5d. Waiting period exception					N/A	No waiting period
#4 (describe):					.,,,	
Se. Waiting period exception					N/A	No waiting period
#5 (describe):					14//	
of. Waiting period exception					N/A	No waiting period
#6 (describe)·				ĺ	I ''''	

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
5g. Waiting period exception #7 (describe):					N/A	No waiting period
5h. Waiting period exception #8 (describe):					N/A	No waiting period
5i. Waiting period exception #9 (describe):					N/A	No waiting period
5j. Waiting period exception #10 (describe):					N/A	No waiting period
6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)						

	ASED ELIGIBILITY VERIFICATION PLAN	
(Insert N	Лedicaid, CHIP, or Both)	Medicaid & CHIP
State:		Minnesota
1	Section D. Additional Verification Questions Question If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	Response When federal electronic data sources do not provide verification of citizenship and immigration status, Minnesota will seek paper documentation, as required by federal law. The state does not have an alternative electronic data base, such as vital statistics, for citizenship documentation. The comment in section A for income describes the verification process that precedes requests for paper documentation of income.
2	Please describe how the state uses PARIS?	Minnesota uses the quarterly PARIS interstate matches for other states' public programs. When inconsistent information is discovered through a PARIS match, Minnesota requires enrollees to resolve the inconsistency. Eligibility may be closed for enrollees who fail to respond.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO

	Question	Response
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

Section A. Additional Comments		
Section B1. Additional Comments		
Section B2. Additional Comments		
Section C. Additional Comments		